BEST AVAILABLE COPY

FORM PTO-875 (Rev. 8/01)

								SN. 10/062765						
								Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECOR Effective October 1, 2001									MR 1957-639					
		CLAIMS AS	FILED - PART I (Column 1) (Column 2)			SMALL ENTITY TYPE			OTHER THAN					
TOTAL CLAIMS			4				RA	RATE FEE			RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	370.00	OR	BASIC FEE	740.00		
TOTAL CHARGEABLE CLAIMS			√ minus 20=		· d		X\$	X\$ 9=		OR	X\$18=			
INDEPENDENT CLAIMS			/ minus 3 =		4		X42=			OR	X84=			
MULTIPLE DEPENDENT CLAIM P			RESENT				+140=			OR	+280=			
* 16	the difference	in column 1 is	less than zero, enter "0" in			olumn 2	TOTAL			OR	TOTAL	740		
	C	LAIMS AS A	MENDED - PART II (Column 2) (Column 3)				SMA	SMALL ENTITY			OTHER THAN			
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA	RA	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	. 4	Minus	* 4	0	=	X\$	9=		OR	X\$18=			
AME	Independent	• /	Minus	***	3		X4:	2=		OR	X84=			
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	TCLAIM		+14	0=		OR	+280=			
						TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE					
		(Column 1)	(Colu	ımn 2)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,							
ENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER MOUSLY D FOR	PRESENT EXTRA	RA	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
Š	Total	*	Minus	**		<b>=</b> ,	X\$	9=		OR	X\$1B=			
AME	Independent	t	Minus	***		=	X4:	2=		OR	X84=			
	FIRST PRESE	IRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							<u> </u>					
								0≈ OTAL		OR	+280=			
										OR	ADDIT. FEE			
_	MEDITERRATED AND A LICE	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST												
MENDMENT C		REMAINING AFTER AMENDMENT	in and the second	NUI PREV	MBER HOUSLY D FOR	PRESENT EXTRA	RA	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
No.	Total	•	Minus	**		2	X\$	9≈		OR	X\$18=			
IJΞ	Independent	•	Minus	***		=	Y4	)_			X84=			

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
\*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

OR

OR

+140=

TOTAL ADDIT. FEE +280=

ADDIT. FEE

TOTAL